

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 202114US2 First Inventor or Application Identifier Yoshinori HAYASHI, et al. Title IMAGE FORMING APPARATUS
		Assignee Name. RICOH COMPANY, LTD. Assignee Address. 3-6, Nakamagome 1-chome, Ohta-ku, Tokyo 143-8555 Japan

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification Total Sheets 32 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 15 (Formals) 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 4 a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). c. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) d. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies		ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (1) 12. <input type="checkbox"/> Preliminary Amendment 13. <input type="checkbox"/> White Advance Serial No. Postcard 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) (if foreign priority is claimed) 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Notice of Priority

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.: _____

Prior application information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of application Serial No. _____ Filed on _____

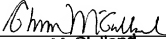
☐ Which was published in English

☐ Which was not published in English

☐ This application claims priority of provisional application Serial No. _____ Filed _____

19. CORRESPONDENCE ADDRESS


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yoshinori HAYASHI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: IMAGE FORMING APPARATUS

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
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FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	8 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	0	× \$80 =	\$80.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
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Respectfully Submitted,

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